DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 7128 (Rev. 10/02)

STATE OF WISCONSIN
Chapter 110, Wis. Admin. Code
(608) 266-1568

EMERGENCY MEDICAL TECHNICIAN-BASIC TRAINING PERMIT APPLICATION

This form is authorized under s. 146.50, Wisconsin Statutes and Chapter 110, Wisconsin Administrative Code. Completion of this form is mandatory for receipt of an EMT-Basic Training Permit. Personally identifiable information requested on this form will only be used for licensure purposes. Provision of your social security number is optional and is used by the Bureau of EMS and Injury Prevention only as an identifier in the licensure database.

INSTRUCTIONS: Type or print legibly. Complete all sections of the form, sign the application, and attach a copy of both sides of your current CPR (for the professional) card. Failure to complete all required sections of this form and attach the appropriate proof and CPR card will result in the return of this application without action.

RETURN COMPLETED FORM TO:

DIVISION OF PUBLIC HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES & INJURY PREVENTION
P.O. BOX 2659
MADISON, WI 53701-2659

For Office Use Only	

APPLICANT INFORMATION

Last Name	First Name	Middle Initial

Mailing Address

City	State	Zip Code	County	Social Security Number(Optional)

Daytime Telephone Number	Other Telephone Number	Birth Date (Month/Day/Year)	Gender ☐ Male ☐ Female

Previous Wisconsin EMT License Number (If applicable)	Expiration Date (Month/Day/Year)	E-mail Address

CRIMINAL HISTORY - FAILURE TO PROVIDE THIS INFORMATION WILL DELAY PROCESSING OF YOUR APPLICATION

The Bureau of Emergency Medical Services & Injury Prevention has the right to obtain and review an applicant's criminal history. The Bureau of Emergency Medical Services & Injury Prevention may deny, refuse to renew, suspend or revoke any license obtained through error or fraud [HFS 110.09(1)(c) Wisconsin Administrative Rule].

Have you ever been convicted of any felony, misdemeanor, or other offense (including traffic violations), which may be punishable by forfeiture, fine, jail, imprisonment, probation or parole?

☐ Yes   ☐ No

If yes, attach a copy of the following for each crime or offense: (1) judgment of conviction; (2) police report or criminal complaint; (3) name, telephone number and address of your probation/parole officer; (4) Driver License Abstract from the Wisconsin Department of Transportation*, and (5) any other information you feel is relevant.

Describe: _____

At this time, are there any pending charges (including traffic violations), or offenses awaiting official charges or other possible disposition, that could subject you to any of the punishments listed in question 1?

☐ Yes   ☐ No

If yes, list each crime or offense, when it occurred, and the city, county and state where the court is located. If available, provide a copy of the criminal complaint or citation. You may be asked to provide additional information about these crimes or offenses.

Describe: _____

Have you ever lived outside of Wisconsin?

☐ Yes   ☐ No

List where and when: _____

Have you ever been discharged from a branch of the US armed forces, including any reserve component?

☐ Yes   ☐ No

List type of discharge: _____

Attach a copy of your discharge papers (DD214).

TRAINING INFORMATION

Training Course Completed	Training Center Name and Location	Completion Date
Cardiopulmonary Resuscitation for the Professional Rescuer (attach copy of both sides of card) AND		
DOT First Responder (attach copy of course completion certificate)		

- OR -

Completion of the first 48 hours of EMT-Basic course and current CPR	☐ American Heart Association (AHA) Health Care Provider Course ☐ American Red Cross (ARC) for the Professional Rescuer ☐ Other CPR _____	CPR Expiration Date
	Instructor's Signature　　　　　　　　　　　　Date	

APPLICANT CERTIFICATION

I certify that the above information is true and complete, that I meet the qualifications for licensure under s.146.50, Wis. Stats. and Chapter HFS 110, Wisconsin Administrative Code, I am 18 years of age or older, and am capable of performing the duties of an emergency medical technician. I further certify that (if attached) the copy of the CPR card and the First Responder Course completion certificate are accurate copies of those issued to me by a certified training agency.

SIGNATURE – Applicant　　　　　　　　　　　　　　　　　　Date Signed

AMBULANCE SERVICE AFFILIATION INFORMATION

Ambulance Service Provider Affiliation	Provider License Number

I certify that the above named applicant is affiliated with the ambulance service provider noted above.

SIGNATURE – Ambulance Service Provider (responsible party)　　　　　Date Signed

CHECK THE FOLLOWING TO MAKE SURE YOU ARE SUBMITTING A <u>COMPLETE</u> APPLICATION

☐ Have you attached a copy of both sides of your current CPR (for the professional) card?

☐ Have you attached a copy of your First Responder Course completion certificate? OR

☐ Did your course instructor sign the application?

☐ If you have a criminal history, have you included all requested documents?

☐ Did you sign the application?

☐ Did your ambulance service provider sign the application?

*You can request a copy of your Driver License Abstract (driving record) by:

- Calling the Department of Transportation (DOT), Driver License Records Section at (608) 261-2566 (automated version) or (608) 266-2353. Have your drivers license number ready. The abstract will be mailed to you and you will receive an invoice for the fee.

- Writing the Wisconsin Department of Transportation (DOT), Driver License Records Section, 4802 Sheboygan Avenue, Madison, WI 53702. The cost is $5.00 per record, make your check payable to the Registration Fee Trust and include your drivers license number.

Only the Wisconsin Department of Transportation, Driver License Abstract will be accepted. Do not send a copy of a driving record received from a local police department or other sources.